

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

MICHAEL HUGGINS

(Enter above the full name of the plaintiff in this action)

COMPLAINT

V.
CHARLES WARREN, ET AL,
MEDICAL DEPARTMENT.

Civil Action No. _____

(To be supplied by the Clerk of the Court)

RECEIVED

SEP - 9 2021

(Enter the full name of the defendant or defendants in this action)

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$402.00 (a filing fee of \$350.00, and an administrative fee of \$52.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$402.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

7. If you are given permission to proceed in forma pauperis, the \$52.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. §1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

1b. Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly-committed detainee

☐ Immigration detainee

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☐ Other: (please explain) CUMBERLAND COUNTY DEPT. OF CORRECTIONS

2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

a. Parties to previous lawsuit:

Plaintiff(s): MICHAEL HUGGINSDefendant(s): CHARLES WARREN, ET AL,

b. Court and docket number: _____

c. Grounds for dismissal: () frivolous () malicious
() failure to state a claim upon which relief may be grantedd. Approximate date of filing lawsuit: 8/26/2021

e. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? CUMBERLAND COUNTY DEPT OF CORRECTIONS

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

a. Name of plaintiff: MICHAEL HUGGINS

Address: 54 W. BROAD STREET, BRIDGETON, N.J. 08302
 Inmate#: 55695 SBI# 303248C

b. First defendant:

Name: CHARLES WARREN, ETAL,

Official position: WARDEN of Cumberland County Jail.

Place of employment: 54 W. BROAD STREET, BRIDGETON NJ 08302

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

MR. CHARLES WARREN, WAS SENT MANY GRIEVANCES TO MY SERIOUS SITUATION OF A FLESH EATING CONJAGIOUS VIRIOUS, THAT EATEN THROUGH BOTH LEGS. THIS FLESH EATING VIRIOUS CAME FROM F-BLOCK B-Pool SHOWER IN CUMBERLAND COUNTY DEPT OF CORRECTIONS,
 shower's walls

c. Second defendant:

Name: Dr James Neil

Official position: ONcall Doctor Of C.F.G.

Place of employment: Cumberland County Jail

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

Dr Neil refused to treat me or send me to the hospital From July 7 until August 18, 2021. The Jail only had Dr Neil available because all the other providers had quit and the only other doctor was Dr Will but he was on vacation for four weeks

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☐ Yes ☒ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

If your answer is "No," briefly explain why administrative remedies were not exhausted.

6. MR. CHARLES WARREN, THE WARDEN OF THE CUMBERLAND COUNTY JAIL, STILL HAVE NOT YET TO COME SEE THE HOLES IN MY LEGS, THIS VIRIOUS EAT FROM ONE LEG- TO THE OTHER LEG, THE HOLES ARE SIZE OF O-REO COOKIE. ^{never went to file Rehab Center which was recommended}

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

CHARLES WARREN NEVER YET TO COME SEE THE HOLES IN BOTH OF MY LEGS, I'M IN SO MUCH PAIN UNTILL I CANT WALK, HE COME IN TO WORK AT 8:00AM TO 4:00PM BUT DO NOT TOUR THE JAIL AT ALL. MEDICAL DEPARTMENT IS NO HELP AT ALL, I REQUESTED TO GO TO A OUTSIDE HOSPITAL THEY REFUSED TO TAKE ME AND THE MEDICATIONS ARE GIVEN TO ME IS NOT WORKING.

8-26-2021

Name Nurse Kristina who use to be the Head nurse

official position Nurse

place of employment Cumberland County Jail 54 West broad st Bridgeton NJ 08302

How is this I believe that nurse Kristina refuses to care for me
 person involved She does not schedule appointment when she is order to
 in the cas by Dr will on several occasion she was supposed to send
 me to outside specialist like Dermatology infectious disease
 and Colorectal I told her that I need a Medical Donut and
 pillow that was orderd it was never given to me because
 I had spinal and a colorectal surgery and the concrete and steel
 is painful to sit on Dr will told her to schedule me to see
 someone immediately after he returned from his vacation she never
 did it Then I saw Dr Neil after 7 1/2 weeks and he had
 me scheduled to see infectious disease my primary doctor told the
 jail that I'm to travel in the supine position because the
 jail's patty wagon is made of steel and is dangerous to my surgery
 area and wounds and I was shackled around both legs that were
 infected which caused me alot of pain and suffering Medical waste
 and issues like mine should be photographed to ensure proper treatment
 Nurse are giving me the wrong medications often taking me off of
 wound care The Nurses need to be retrained in cross contamination
 they will touch the hazard trash can that is red in color then will
 touch my wounds and they are not sensitive to the pain of my infection
 Some nurses will yell and become disrespectful Nurse Darlene in particular
 all under the former Head Nurse Kristina who has Black hair
 and green eyes The doctors ordered me to go to a rehab center and it
 was ignored as well

I feel like I'm in a prison. I need better care. I used to be in the bathroom on my self off. I'm in my room 98% of the time because the jail don't want me around other in mates. I need relief or change of policy. I've been in medical isolation without proper exercise time for over 90 days. I waited 4 1/2 weeks to see Dr. Will after his vacation at that point my infection were very large and growing. I was placed on an antibiotic that was gram positive and the infection I had was gram negative. I went another week and half on a ten day supply of Amoxicillin because the jail didn't culture my wound until after I could not walk. I believe I was not sent to the hospital because the jail is very short of staff and would have to place two guards every night have to be at the hospital with me. I have chronic disease Lyme disease and the jail diet is making me sick. There is not a dietitian to change my diet and even though the doctors and nurse practitioners gave an order I still have not received a diet for my chronic disease. Nurse Kristina Smith who used to be the head nurse has also been very negligent in scheduling appointments and even when the doctor told her to change my diet or to have me see a dietitian she was very resistant and began to giggle. She seems like she hates me. She has been ignoring my issue for the longest it takes months for me to see a outside provider for a very serious matter. The showers in F-block E-block - D-block and all the other blocks and housing unit has black mold every where. The warden refuses to resolve the matter. This is how I caught these infections. Inmates rarely go outside for fresh air. The ventilation system is very old and dirty air circulates through out the jail. It has been many times I can not breathe. The log in books are not computerized and cover ups are as simple as taking the log in book. Many correction officers have wrote that I needed immediate emergency medical treatment. These things should be in a computer data base to protect inmates health. I believe I have permanent damage in my left leg as a result of the jail negligence. The doctor at the hospital told me the last two times I could have lost my legs. The jail is not capable of treating my type of medical need. I need a rehab center.

7.

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

PLEASE GIVE ME SOME HELP BEFORE I DIE IN THIS COUNTY JAIL. THE PRACTITIONER IS PRESCRIBING WRONG MEDICATIONS FOR ME, THE HOLES ARE GETTING BIGGER BY THE DAY, PLEASE

SOMEONE DO SOMETHING TO HELP ME
I HAVE NO ONE BUT JESUS DAY IN,
DAY OUT PRAYING ASKING GOD NOT TO
LET THIS FLESH EATING VIRTUOUS KILL ME
BEFORE I CAN SEE MY KIDS. I AM ASKING
COURT TO HELP ME WITH A PRO BONO
LAWYER AND I AM ASKING FOR PAIN AND
SUFFERING \$590,000.00 I JUST WISH
SOMEONE CAN SEE WHAT LITTLE BUMP TRUN IN TOO.

8. Do you request a jury or non-jury trial? (Check only one)

() Jury Trial ☒ Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of August, 2021

Michael Huggins

Signature of plaintiff*

(*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).

